CONSENT FORM
(This form must be filled out to receive services)

I give consent for:
- My son/daughter to receive health or behavioral health services at the School Based Health Center (SBHC) and Lynn Community Health Center (LCHC).
- My child’s health information to be shared with the school nurse, guidance counselors, other SBHC staff, and his or her primary care provider.

I authorize:
- A doctor or other LCHC staff to give needed examination, medical tests, evaluations, and management of my child’s health in accordance with the laws of the Commonwealth of Massachusetts.
- Any referral to my child’s primary care provider or specialist concerning needed follow up care.
- The SBHC to release information regarding the care and treatment my child received to any third-party payers for the purpose of billing or for any reason that may be required to comply with the statutes or regulations in accordance with accepted medical practice.

I understand my son/daughter:
- Will not receive services, except in an emergency or as allowed by the laws of the Commonwealth of Massachusetts, at the SBHC unless a consent form is on file.
- Can receive care using this signed consent form for the duration of my child’s enrollment in the Lynn Public School system.

I understand I:
- May withdraw this consent form at any time during my child’s enrollment in the Lynn Public School system.

Signature of Parent or Guardian              Date

Relationship of Individual Signing Above
Medical Services include:
- Annual check ups
- Immunizations
- Prescriptions
- Health education
- Sick visits
- Asthma management
- Treatment for chronic illness
- First aid
- Referral for dental and vision care

Counseling and Emotional Health Services include:
- Relationships
- Self esteem
- Stress, depression, abuse
- Absences from school
- Loss or death in the family
- Psychiatric disorders
- Medication management

Health Education Includes:
- Nutrition
- Weight management
- Disease prevention
- Drug/alcohol awareness
- Safety
- Bullying

What is a School-Based Health Center (SBHC)?
Your SBHC provides the same comprehensive medical and behavioral health care you will find in a traditional pediatric practice.

What are the advantages of the SBHC?
Your child can receive routine care during the school day so that he or she doesn’t miss much school. SBHC’s can also help manage a child’s chronic disease, such as asthma.

Can I come to appointments with my child?
Yes, parents are encouraged to come to appointments.

I don’t have health insurance.
All students are eligible for care at the School-Based Health Center, regardless of ability to pay.

We accept most forms of public and private health insurance. If you do not have insurance, we have staff who can help you determine if you qualify for assistance, and help you enroll in the program that best fits your needs.

My child already has a primary care provider.
That’s ok, your child can still come to the SBHC and we will coordinate with your doctor.

24 hour access
Your SBHC is open during regular school hours. If you need to speak to someone when we are closed (or during school breaks) please call 781-581-3900 to speak to a nurse. You can also access the Lynn Community Health Center Urgent Care Center:

LCHC Urgent Care Center
269 Union Street, Lynn, MA 01901
781-581-3900
Monday-Thursday 8:30 a.m.—8:00 p.m.
Friday: 8:30 a.m.—5:00 p.m.
Saturday 9:00 a.m.—3:00 p.m.

Information for Parents

Parental permission:
For your child to use the School-Based Health Center you must sign the consent form. Services will be provided only with parental consent except for emergency first aid and an initial consultation. We encourage all parents to call or visit the School-Based Health Center.

Your Privacy:
The School-Based Health Center complies with all federal and state privacy regulations (HIPAA). We will use your protected health information only for treatment and billing purposes, and we will obtain your permission before releasing your medical records except as may be required by law.

Student’s Name
Date of Birth

Insurance Information (Please check one):

☑ No Health Insurance
☐ Health Insurance

Name of Insurance Plan

Parent Name

Lynn Community Health Center
Please complete both sides of this form and return it to the School-Based Health Center.